MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 # 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08558 Reg. Dist. No. 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission). o. COUNTY o. STATE b. COUNTY a MARYLAND b. CITY OF TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR JOVYN (If outside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET APPORESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Las Month Day Year DECEASED OF (Type or print) DEATH 19, 5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED THE DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Days Min. Hours WIDOWED [ DIVORCED 100. USUAL OCCUPATION there kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? orking life, even if retired) 32 the work ~ metire 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [ NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part Lor Port, II of item 18.) Secolotenter CAUSE OF DEATH. puo 20d. INJURY OCCURRED 20e. PLACE-OF INJURY (Home, form, 20c. TIME OF INJURY ( Month, Day, Year) 20f. (City or town) (County) (Stole) Moclay year, aligo bldg., etc.) While 0. m Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 4 Inquiry I, and find that death resulted from: Notural causes Accident | Suicidé Homicide . Undetermined couse brect certificote. ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 51GNATURE worded t ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER cute 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City from, or county) 2 (Slote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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within 24 hours

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HOSPITAL

## TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4, may be retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After this certification has been signed by the attending physician and campletely filly find by the funeral director, page 3 should be detached for use as the principarity permit. Then please remove carbon papers. Pages 1 hauld be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55 M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8560 CERTIFICATE OF DEATH

08558

				Reg. Dist. No.
1. PLACE OF DEATH 6. COUNTY COUNTY COUNTY	MARYLAND	2. USUAL RESIDENCE (Who of STATE	ere deceased lived. If instituti b. COUNTY	ion: Residence befare admission)
b. CITY OR FOWN (If autside carporate limits, write RURAL and give searest town)	c. LENGTH OF STAY IN 15	c. CITY OR FOWN (IF o	utside carporate limits, write f	URAL and give rearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	/ - /	d. STREET ADDRESS	71	e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print)	Leary	Burth	4. DATE MOR	
5. SEX 6. COLOR OR RACE 7. MARRI Male Cal WIDOWE		8. DATE OF BIRTH 13-15-190	9. AGE (In years lost birthday) yrs.	Manths Days Hours Min.
10b. USUAL OCCUPATION (Give kind of work dane 10b. It during most of working life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
1) FATHER'S NAME Elizad Bornet		14. MOTHER'S MAIDEN N	AME SCARLO	4
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or uniform) (If yes, give wor or dates of service)	20-120737	HERE &	lallend.	Keis
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	erebal	thrombo	202	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under lying course last.	Essentin	e hyper	leisin	Amora
PART II. OTHER SIGNIFICANT CONDITIONS CO  200. ACCIDENT WAS UNDERLYING  CACCONTRIBUTING CAUSE OF DEATH OF OTHER SIGNIFICANT CANADA OF DEATH OF OTHER SIGNIFICAN	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING A 206. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art 1 ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN Hour a. p. m. 19 While at wark	Not white lo	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.	20f. (City or lawn)	(County) (State)
21. I certify that I attended the decease alive on 7 195	41	accurred at 45	M, from the couses of DDRESS (Street, city or Jawn,	and an the date stated above
SIGNATURE STORY 4. 6	July 1/2	M.D. 56	rlen. M	store) DATE SIGNED
PHYSICIAN'S VORY	. Dully,	Jr., 9.1.		
220. BURIAL CREMATION, 226. DATE THEREOF  REMOVAL (Specify)  To 165	22c. NAME OF CEMETERY O	rion	72d. LOCATION (City town,	Muso Va
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'E	BY REGISTRAR 246. REGI	STRAR'S SIGNATURE

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	THE REPORT			

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 8561 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08559

Reg. Dist. No.

1. PLA c. C	CE OF DEATH	Wordester	73	MARYLAN	O STATE		aro	od lived. # Institu			nission)
	ITY OR TOWN	(If outside corporate limits, wr	ite RURAL	c. LENGTH OF STAY IN			ide corp	orate limits, write	RURAL and give	neorest le	own)
110	-	comoke Ci	ty	1 month	1	iddles	ex	-	10 X-3		W.
d. N	NAME OF HOSP	TTAL OR INSTITUTION	(If not in ho	spital, give street address)	d. STREET	ADDRESS				e. IS I	RESIDENCE A FARM?
R.F	P.D. #	3									NO T
3. NAJ	ME OF EASED	F	irst	Middle	Los	4. 0	DATE	Mont	h Do	у	Year
	oe or print)	AR	CIE	MORRIS	BUN	N o	OF DEATH	July	14		19 58
5. SEX		6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH			P. AGE  In years	IF UNDER TYEA	RIFUND	DER 24 HRS.
Fe	male	White	WIDOWE	DIVORCED	May 18	, 1880		lost byrinday) 78 yrs.	Months Days	Hours	Min.
10a. US	SUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State or fo	areign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
QUE!	OUSOW:	king life, even if retired)			Nort	h Caro	lin	a	USA		
13. FA	THER'S NAME				14. MOTHER'S	MAIDEN NAME	E				
T	Hardy V	Hilder			Came	lia De	hna	770			
15. W/	AS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INFORMANT	TIG DC	11100	Address			
Yes, no.	or unknown[	(If yes, give war or dates o	( service)	None I	B. Bun	n. Poc	omo	ke City	. Marv	land	3
110		ATH Enter only one co	use per line			1				-	
		ATH WAS CAUSED BY		CA'S	Mars	du	226	*1.	2 h	TENNAL BETW	BIH-
	120.1	MMEDIATE CAUSE (		-0-0	record	1-10	- Ch	Toll !	( Vid	A HALL	10
	,	DUE TO	)		(	Å.					
	anditions, if ove rise to imm	redicte couse	) <u></u>								
	), stating the								0.0		
		THEO SIGNIFICANT CO		ONTRIBUTING TO DEATH BL	IT NOT BELLTED TO	THE TEDANISM	DISEASE	COMPITION OF	/ENI (N.1 DADT 1/-1	In MAC	AUTOREV
Ē	PARI II. O	THER STOTTE CONT. CO.	101110143	ONTRIBUTING TO DEATH BE	OT HOT KEDSTED TO	THE TERMINAL	MISCHOL	CONDITION OIL	ceta na Lwici 1fo)	PERF	ORMED?
2	- EVTERNAL C	ALICE MIAC	AL PERCENIE	IT HOW AND AGGINGTO	45					YES	NO D
_	IMARY OF CALL	AUSE WAS ONTRIBUTING [	NO DESCRIB	SE HOW INJURY OCCURRED	. (thier noture of in	jury in Port I ar	Port II (	of item 18.)			
WEDICAL 200	c. TIME OF INJ		oar 20d. Whil		PLACE OF INJURY (I	lome, farm, 20 bldg., etc.)	Of. (City	or town)	(County)		(Stote)
	p. m	. 19	at w	ork at work	,						
21	1. I certify	that I took charg	of the	remains described a	bove, held an	Autopsy [	], In	spection []	Inquiry L	3, and	find that
de	eath resulte	d framy Natura	causes [	, Accident ,	świcide 🔲, H	omicide 🗌	], Un	determined o	ause 🔲.		
	0	11 8	1-	And I							
	CTUAL GNATURE	11.6-1	2011	Druck	M.D. CHIEF N	EDICAL EXAMI	NER 🔲			DATE	SIGNED
		1.1	)		ASSISTA	NT MEDICAL EX	KAMINEI			1 .	- /
N/	CAMINER'S AME (Type)	N/E/S	irtor	ius Sr.	DEPUTY	MEDICAL EXAM	AINER E	3	Tul	1-5	75
22a. BL	JRIAL, CREMAT	ION, 226. DATE THERE	OF	22c. NAME OF CEMETERY	ORXERNATORY	22d	. LOCAT	ION (City, town,	or county)	/ (510	ita) -6
13	MOVAL (Specif	"July 7.	1958	Middlesex	Bantist	113	iddl	Lesex,	Morth (	Jaro!	lina
23. ELD	HERAL DIRECTO	R'S SIGNATIONS	1.	ADDRESS		24a. REC'D BY			STRAR'S SIGNAT	URE A	
A	enri	W.C.	can I	Pocomoke Ci	ty, Md.	DATE JU	IL 7	'58	Whear	eh	
	- 1										

VS. A15ME(5) 5M 9/55 RESERVE MEDICAL EXAMINAR'S CERTIFIC ATECON DEATH March View March 19 and 19 All Planting

e. IS RESIDENCE

ON A FARM?

YES NO

Year

PERFORMED?

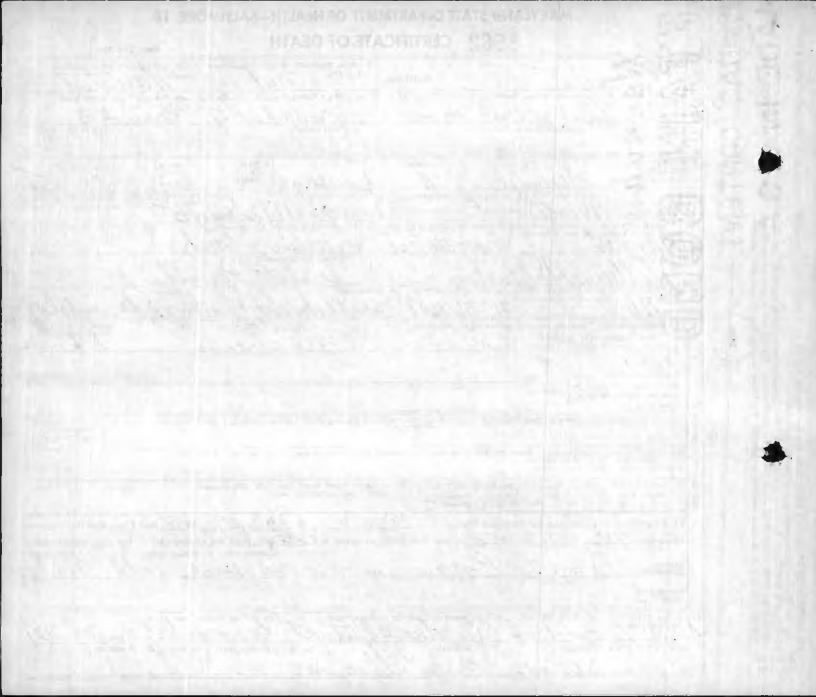
YES NO

(Slote)

DATE SIGNED

(Stote)

19/3



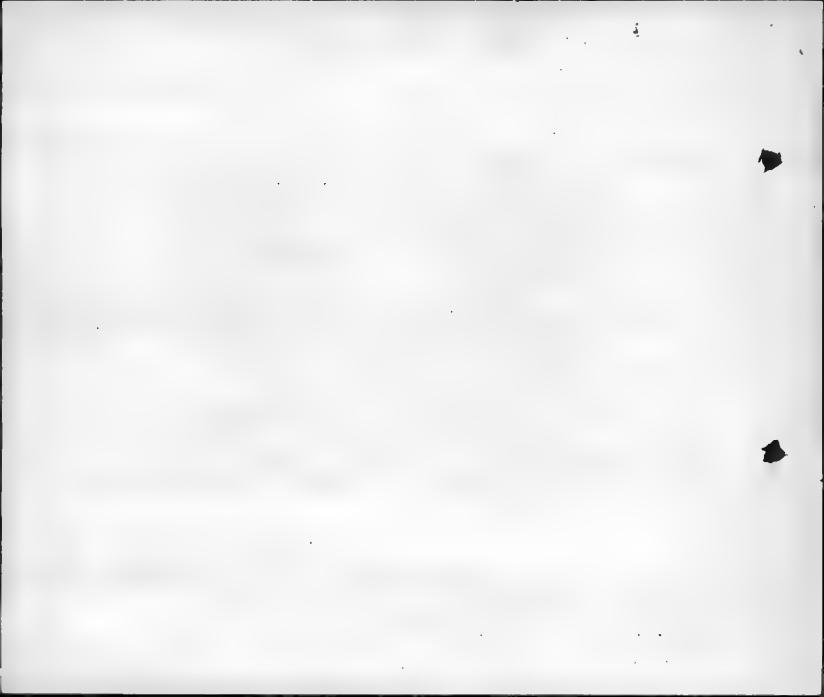
08561 Reg. Dist. No.

	COUNTY	Worceste	99	MARY	LAND	o. STATE	Maryl.		b. COUNT	Υ	orce		sionj
	b CITY OR TOWN (IF	outside corporate limi		c. LENGTH OF STAY	IN 1b				orole limits, write				n)
		lin		All his 1	ife	/	rlin						
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		STREET A	DDRESS					e, IS RE	SIDENCE FARM?
L		Route # 2	)			Ro	ute #	2					NOT
3.	NAME OF	Fir	LT	Middle		los	1	4. DATE	Me	inth	Do	у	Yeor
	DECEASED (Type or print)	James			Co	llick		OF DEATH	1	7	13		19 58
5.	SEX	6 COLOR OR RACE	7. MARI	RIED KI NEVER MARRIE		B DATE OF BIRT	Н		9. AGE (In year	IF UNDE			ER 24 HRS.
	Male	AA	WIDOWI		land.	3-22-18			lost birthdoy) 67 yrs	1	Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work on a life, even if retired)	ione 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPL	ACE (Stole	or foreign o	ountry)	12. C	ITIZEN C	F WHAT	COUNTRY?
	Labo			Farming		M	aryla	nd			USA		
13.	FATHER'S NAME					14 MOTHER'S	MAIDEN N	JAME					
	William	Cellick				Ca	theri	ne	Cellick				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17. 1	NFORMANT				dress			
	No	r yes, give war ar aans on u	svice]		Mr	s. Amanda	Col1:	ick, I	Route #	2, Be:	rlin	. Md	
		-	use per la	ne for (o), (b), and (c)	1			*****			INT	RVAL BI	TWEEN
		H WAS CAUSED BY:		Corona	ny	This	me	नच्य । व			OIN;	5 AND	L
	420,1	DUE TO		) made		-4		,					
	Conditions, if an		1	autent	علب	Lug ;	Ber Z	Calan	- 52-7				
	gove rise to in couse (a), stating t	mediote (				U/							
	lying couse fost.	(c)											
CATION	PART II. OTH			CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	SE COND TION G	IVEN IN PA	RT 1(0) 1	P. WAS PERFO	AUTOPSY DRMED?
ర్జ												YES	NO 🗌
CERTIF	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	206 DES	CRIBE HOW INJURY OF	CCURRE	D (Enler nature a	finjury in l	Port I or Por	rt II of dem 18 )				
Š	20c. TIME OF INJURY	Month, Doy, Yes	r 20d. 1	NJURY OCCURRED	20e PL	ACE OF INJURY	Home, form	20f (Cit	y or town)	· · · · · · · · ·	(County)		(State)
MEDIC	Hour o.m.	19	While of wor	k of work	lac	ctory, street, office	o bidg., etc.	.)					
	21 I certify the	of 1 attended the	deceas	ed from 6		7 1958	, to	1-	12 19.5	S.,thot I	last so	w the	deceased
	alive on	7-12	125	58 , and that	deoth	occurred at	9:151	M. frai	m the couses				
		7	1	1 1		/			itreel, city or town				ATE SIGNED
	ACTUAL SIGNATURE	Lavory	01	1-6 Thirth	Y - (	м.ў.		BC2 !	lin, M	10		2	/75/.
	PHYSICIAN'S Dr.	I. V. Sul	ly.	10	· ·		Berli	n, Mar	ryland				
220	BURIAL, CREMATION		F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCA	TION (City town,	or county)		(Sto	e)
	REMOVAL (Specify)	7-16-195	8	Bishop Ce	met	ery		Bisl	ion, Lar	rl and			
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'I	D BY REGIS		ISTRAR'S S	IGNATUI	RE	
J.	F. Stewar	t Funeral	Home	. Salisbury	, M	1	DATE	1 8 '5	8 au	Lede	uh		

VS A15 (4) 15M 9/55



8564 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where/deceased lived If institution: Residence before admission) Filed a. COUNTY a. STATE **b** COUNTY MARYLAND death. P b CITY OR TOWN (If outs de corporate limits, write RIPRAL and g ve hegres) typing E LENGTH OF STAY IN 16 c CITY OR TOWN (If butside corporate limits, write RURAL and give negrest town) 5 d. NAME OF HOSPITAL (If not in hospital, give street address). d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🗍 NO Z 3. NAME OF First 4. DATE Manth Year DECEASED (Type or print) DEATH 190 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF MINTH hday) Manths AUNDER 1 YEAR IF UNDER 24 H Days Hours M n. DIVORCED [ WIDOWED [ / yes. 10a USUAL OCCUPAT ON (G ve kind of work dane 10b HND OF BUSINESS OR INDUSTRY during most of working later over if retired) 11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY death. ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN-NAME BODE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 / INFORMANT Address (if yes, give wor or dates of terrical Buipu CAUSE OF DEATH [Enter only one cause per line for (a) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO any Canditians, if any, which Ē gave rise to immediate DUE TO cause (a), stating the underlying cause last CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS FERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m 195 Athat I last saw the deceased 21. I certify, that I attended the deceased fram and that death occurred at ... Day alive on M/fram the causes and an the date stated obave DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL priar SIGNATURE 3 shavid PHYSICIAN'S FUNERAL NAME (Type 22b. DATE THEREOF 220 LEURIAL CREMATION NAME OF CEMETERY OR CREMATORY 22d KOCATION [City Jown page (State) REMOVAL (Species) 0 FUNERAL/DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 [4] DATE JUL 0 ISM 10/57

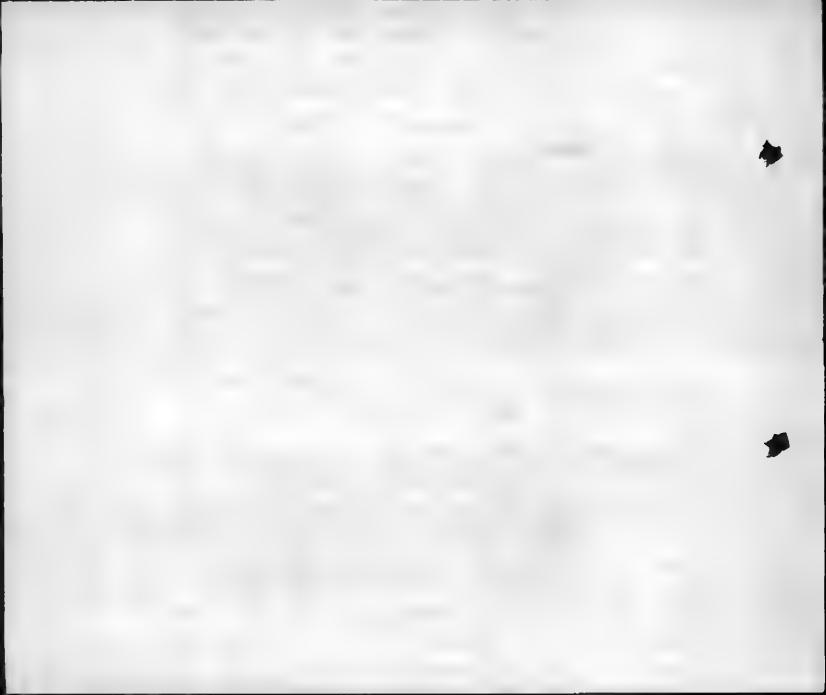


MEDICAL EXAMINER'S CERTIFICATE OF DEATH matian, Film G-232 7/29/58 cac Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY o. STATE b. COUNTY (Ti MARYLAND b. CITY OR TOWN (If ovhide corporate limits ngi RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN Alf autigle corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (Ill not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF CONT CHELL LINE DATE DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR BACE 7. MARRIED TO NEVER MARRIED 9. AGE (in yes/rs IF UNDER TYPAR IF UNDER 24 HI 8. DATE OF BUILD Manths -Ogys Hours WIDOWED | DIVORCED yes. 11. BIRTHPLACE (Slote or foreign country) TOO. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? O during most of working life, even if retired) MERVISCE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TOT 15. WAS DECEASED EVER IN U. S. ARMED FORCESP 16 BOCIAL SECURITY NO. 17, INFORMANT Address 18. CABSE OF DEATH (Enter only one chuse per line for (0), (b) and (c). NITERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUTION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, affice bldg, etc.) While Nat while G. m. at work at work p. m. 21. I certify that I look charge of the remains described above, held on Autopsy . Inspection . Inquiry 4: and find that to the Chief / DIRECTOR: F death resulted from: \_Natural causes 12 Accident Suicide Homicide , Undetermined couse . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) (Stote) b **BEMOVAL** (Specify) 0 Cem. 1-17-4 3UR14-CHARLECED BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE / 24b. RECTSTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

DEPUTY



MEDICAL EXAMINER'S CERTIFICATE OF DE Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDEMCEYWhere deceased lived. If Institution: Residence before admission o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN It outside corporate limits. c. LENGTH OF STAY IN 16 se-City OR TOWN (If outside corporate limits, write RUPAL and give nearest town) 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES 🔲 NO 🔀 NAME OF Middle ( Month Day Year DECEASED (Type or print) DEATH 195 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLÓR OR RACE MARRIED NEVER MARRIED 1 8. DATE OF BIRTH Months Min Days Hours WIDOWED X DIVORCED IT to USUAL OCCUPATION (Give kind of work done to ATTNO OF BUSINESS OR INDUSTRY 11 PRATHPLACE (State or fareign country) during mary of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATNER'S MAME 14. MOTHER MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for ta), (b). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? NO 7 20g EXTERNAL CAUSE WAS PRIMARY TO FOR CONTRIBUTING INJURY OCCURRED, (Enter nature of injury in PORt 1 or Part II of Hern 18 CAUSE OF DEATH. prop 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, i 20£ (City or town) (County) [Stqtp] street, office bidg., etc.] How 20, m. 2-1 19 5 8 at work [] ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry A and find that deoth sesulted from Noturo couses Accident N. Suicide Homicide | Undetermined couse [ to the Chic DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER PO 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State \_PEMOVAL [Specify] 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR JUL 2 8 '58 VS A15ME(5) 5M 9/55



VS A1S (4) 15M 9/55

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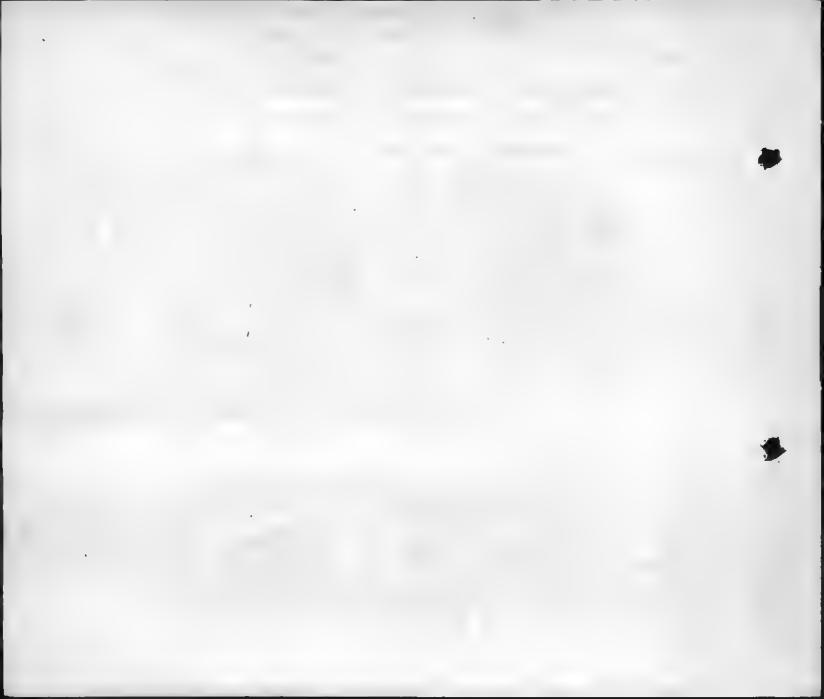
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ARYLAND STAT	E DEPARTMENT	OF HEALTH-BALTIMORE, 18	
OFFE		OF DEATH.	

CERTIFICATE OF DEATH 0000

08565 Pag Dist No

					11081 01	
1. PLACE OF DEATH		ASA RIVI SAIR	2 USUAL RESIDENCE (WI	here deceased live	d. If institutions Residen	ce before admission)
	200 STER	MARYLAND	MD		1401	CO - 1 C - 2
RURAL and give no	f outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate l	imits, write RURAL and	give nearest fawn)
OFA	N CITY		X Oca a	Ar C 1	ΕV	
d NAME OF HOSPIT	At (If not in hospital, give street	address)	, d STREET ADDRESS		1	e 15 RESIDENCE
OK INSTITUTION			1			YES NO TO
3 NAME OF		44.24		14		
DECEASED	First	Middle	Lost	4 DATE OF	Manth 1	Day Year
(Type ar print)	IHOMAS	TARRY	MATTER	DEATH	20:2	25 195 8
5. SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	8 DATE OF BIRTH	9 A	GE (In years   IF UNDER st birthday)   Months	
/ / /	VV WIDOW	ED (AL DIVORCED	FEB. 22,	1900	5 8 yrs. Montes	Doys Hours Min,
100 USUAL OCCUPATION	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Store	or foreign country	12, CIT	IZEN OF WHAT COUNTRY?
	N T G R S	GLEEMPLOY	EN BEAL	110 1	10	1). S. A
13 FATHER'S NAME	Y 1 0 R	O AI OI / I	14 MOTHER'S MAIDEN I	NAME		010171
The part of the control	. 11.		1	- 63		
IHOM	AS MATT	BR.	PANG	11246	JR.	
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Carlotte	Address	0 01
	NO	N	R. LOWA.	20 /1	HATTER	UCEMA CITY
18. CAUSE OF DEA	TH [Enter only one cause pergi	ne far (o), (b), and (c) ]	. 0	-		INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY	ronchio gen	ve loy eu	aura		ONSET AND DEATH
162.1	DUE TO					British
		U				
Conditions, if or	mmediate					
couse (a), stating						
lying couse lost.	} (c)					
PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE COI	NDITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY PERFORMED?
131						YES NO RE
20a. ACCIDENT WA	S UNDERLYING   206 DES   CAUSE OF DEATH   MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Part II of	item 18 }	
OR CONTRIBUTING	MEDICAL EXAMINER)					
₹ 20g. TIME OF INJUR	Y Month, Doy, Year 20d I	NJURY OCCURRED 20e PI	ACE OF INJURY (Home, farm	n. 20f (City or to	wn) (C	ounty) (Stole)
20q. TIME OF INJUR	19 While	Not while	clory, street, office bldg, etc	:-)	,	(2001)
₹ ' p.m	al wor	k ot wark		<u> </u>	77	
21 I certify th	of attended the decease	ed from au-	195 8, 10 V	My 2)	19.50 that I	last sow the deceased
olive on	167 9 165	O, and that death	occurred at	L_M, from the		ne date stated above.
1	1 (1), 1		10		city or towp, state)	DATE SIGNED
ACTUAL SIGNATURE	11 Jama	DUN. M	un ( )col	our lite	M 1/4	Ny 28, 50
JIONATORE		-//		)		
PHYSICIAN'S NAME (Type)	RANCIS J.	Townsen	JR.			
220 BURIAL, CREMATIO	N. 226 DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	224 LOCATION	(City, town, or county)	(State)
REMOVAL (Specify)	7/25/58	EVERCE	IEGN	BER	CLIN	MID
23 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	240 PEC	D RY REGISTRAR	246 REGISTRAR'S SIG	SNATURE 2
Drug.	A Burba	7. Bulu	. Du 1	JUL 3 0 5		ALLE L
		1	DATE		777 17 20	
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	Aug. Distr 140.	
1. PLACE OF DEATH  O. COUNTY  MARYLAND	2 USUAL RESIDENCE [Where deceased lived. If institution, Residence before admission a STATE b. COUNTY Sussel.	)
b CITY OR TOWN (If outside carporate limits, write RURA) and givernequest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  o. IS RESIDE ON A FA YES  N	ARM?
3 NAME OF DECEASED (Type or print) and C. Mears 3	Jolland 4. DATE OF DEATH DEATH Day Yeo DEATH DEATH DEATH DEATH DEATH	58
5 SEX 6. COLOR OR RACE 7. MARRIED WINEVER MARRIED 1	B DATE OF BIRTH 3, 1926 (In years IF UNDER 1 YEAR IF UNDER 2)  Oct 3, 1926 (In years IF UNDER 2)  Months Days Hours  3 yes	Min
100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	DUNTRY
13. FATHER'S NAME Means	May Sritting Land	
15. WAS DEPEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (19 no for unknown) [11 year, give wor or dolest of service) 218-24-579	Jarrison Tolland	
PART I. DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Emmary Colemas Interval Betwo	EATH
Conditions, if any, which ) (b) Chronice from	relial asthma. Azzus	
gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO  (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM YES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM YES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM YES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM YES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM YES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM YES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM YES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM YES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM YES  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTHERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN G	IED?
20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
Y 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLA Hour a. m. Pp. m. Pp. m. Pp. at work of work	ACE OF INJURY (Home, form, 20f (City or town) (County) ctary, street, affice bldg , etc.)	(State)
21. I certify that I attended the deceased from 4	occurred at 7145 M, from the causes and an the date stated	
ACTUAL SIGNATURE TOTO G. Educh, ch.	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  M.D. (C.C.)  ADDRESS (Street, city or town, state)	SIGNED
PHYSICIAN'S NAME (Type) NOR'Y O SUILY J.	"Mn Pertin, Md	
220 ENRIAL CREMATION. 226 DATE THEREOF 220 NAME OF CEMETERY OF CEMETERY OF CHARLES A LINE SULLY	R CREMATORY 22d LOCATION (Chy town, or county) (State)  Men Bellin Med.	
23 FUNERAL DIRECTOR'S SIGNATURE O ADORESS OLIVER TO COMORE CET	DATE AUG 1 '58 Curtebuch	

by the funeral director, it 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or aftending physician.

TO EUNERAL DIRECTOR: After this certification because the other of the other of physician and completely filled by the funeral director, page 3 shauld be detached for use as the fill-ransit permit. Then please remove carbon pages. Pages, at 2 shauld be filled with the registror prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 Illaurs after Illeuth. Plage 4		TO FUNERAL DIRECTOR: After this certifical than been signed by the attending physician and campletely filler by the funeral director	page 3 shauld be detached for use as 11. int-transit permit. Then please remove carbon papers. Pages, 11.2 shauld be filed with	1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		8	568	CERTIFIC	ATE OF DEAT	rH .		Reg. Dist.	455	67
)	1. PLACE OF DEATH a. COUNTY	orcester		MARYLANG	2 USUAL RESIDENCE (10 STATE Mary		d lived If institute b. COUNTY	oni Residence		
	b. CITY OR TOWN (IF RURAL and give ne Sn~W Hi		ts, write	3 months	C. CITY OR TOWN (I		orote limits, write f	URAL and give	negrasi to	>wrt)
	OR INSTITUTION	AL (If not in hospitol, g Cast Martin		oddress)	d. STREET ADDRESS 202 East	Marti	n St.		10	RESIDENCE NA FARM?
	3. NAME OF DECEASED (Type or print)	Annie Ein		Middle Henry	Short	4. DATE OF DEATH	Mer 1 7		Day 16	Year 19 58
i	s. sex Female	AA	WIDOWS		3- 22- 187		9 AGE (In years lost birthday) 81 yrs	Months De	TEAR IF UN	
1	House V	ing life, even if retired)	dona 105	KIND OF BUSINESS OR INI Holde	Delawa	re	country)		SA.	AT COUNTR
1	Charles Jo				Mary Pa	-				
		If yes, give wor or dates of si	strice)	M	rs. Lena Bish	op, 202	Add E. Hart		, Sao	Md. w Hill
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c)		ne for (g). (b). and (c).]	<i>*</i>		App. At. App.		ONSET AL	BETWEEN ND DEATH
	Conditions, if on		L	Inpaten	mere land.	er dal	uca, 1	الخطيدور	L =6	***
	couse (o), stoting the lying couse lost.	he under- DUE TO	DITIONS	CANDIDICITIES TO REATH B	UT NOT RELATED TO THE TER	Milhtal Dickad	PE COLINITION OF	421 (1) (2) (2)		C 41 TORCY
)	N. C.				RED. (Enter noture of injury i			VEN IN PARI II	PER	FORMED?
		S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Yeo			PLACE OF INJURY (Home, fo					181
	20c. TIME OF INJURY Hour o.m. p. m.	19	While of worl	Not while	factory, street, office bldg.,	efc.)	y or town)	(Cou		(Stote
- 1	21. I certify the	at I attended the	decease 	2" ("	7.6 , 19.5-2 , to	M, from	m the causes o			ated abar
	ACTUAL SIGNATURE	1-000 4	. (C-?)	ficely, p	M.D. 30	elin	itreel, city or town,	afole)		DATE SIGN
1	PHYSICIAN'S NAME (Type)	Ivery	U.	SUILY,	Jr, 115	13.0	7-/1-2.	+10	/	
	220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETERY			TION (City, town,	or county)	(\$	tofe)
	D. TILA  23. FUNERAL DIRECTOR'S	7-20-195	0 .	ADDRESS	emetery 240 85	C'D BY REGIS		STRAR'S SIGN	ATURE	

J. F. Stewart Funeral Home, Salishury, Md.

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DATE JUL 2 3 '58

VS A1S (4) 15M 9/5S



any delay is necessary, please exertheral director. Page 4 shavid be creamontos burial, ā , and 3 to the funeral be retained for your and 2 with the registr within 24 haurs after death. pub þe Give Pages 1, 2, 13. Page 5 may certifically should be cute the certificate, writing the ward "p farwarded to the Chief Medical Examin TO FUNERAL DIRECTOR: Page 3 shauld 5 TO DEPUTY MEDICAL EXAMINER: This

PLACE O a. COUN

> b. CITY O and on

d. NAME

NAME O DECEASE (Type or 5. SEX

dering mo

13. FATHER

15. WAS DE (Yes, no, or ye

18 CAU

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O. m.

**EXAMINER'S** 

NAME (Type)

46

- MARYLAND STATE DEPARTME	NT OF HEALTH	H-BALTIMO	RE, 18	
8569 MEDICAL EXAMINER'S	CERTIFICAT	E OF DEAT	Reg. Dist. N	08568
DEATH IY LI Excester MARYLAND	2. USUAL RESIDENCE TWO	3 87 1	f Institutions Residence D	efore admission)
R TOWN (If outside corporate limits, write RURAL  C. LENGTH OF STAY IN 16  RECOGNITION  C. LENGTH OF STAY IN	E. CITY OR TOWN GE	Co-CKL	s, write RURAL and give	nearest town)
OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	wells he	erre-	ON A FARM?
	rend	4. DATE OF DEATH	Month Day	Y Yeor 1958
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED	PACIEE 18-	9. AGE the lost burthed	years IFUNDER IYEAS  Wonths Days  yes.	Hours Min
OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY of working life, even if retired)	SLOCKI	or fareign country)	12. CITIZEN S	DE WHAT COUNTRY?
on townsonis	14. MOTHER'S MAIDEN N	NAME Rowe	Eur	= 0 5
CEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN opening (If you give wor or dotes of service) 2/5/-345/5	FORMANT PLAN	y. The	Address 1	Lacacell
SE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  ART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Acute	alcoh	whom on	ERVAL BETWEEN SET AND DEATH
ons, if ony, which (b) Clearly	Burn			<i></i>
ting the underlying out.  DUE TO  (c)   Torust	4 this K	at other	Resheling	
ART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NO	OT RELATED TO THE TERMI	DISEASE CONDITION	ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
ERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. IED	ler pobuse of joiner in Part	Loc Part II of Jiam 18		

CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) 20f. (City or town) Not while

MEDICAL 19 at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 1 Inquiry , and find that

Suicide Homicide I, Notural causes deoth resulted from: Accident Undetermined cause .

ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER I

22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) SEMOVAL (Specify)

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

While

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(County)

(Store)

DATE SIGNED

(State)

VS. A15ME(5) 5M 9/55



